| PART B - FEE(S) TRANSMITTAL  |  |  |                             |  |  |   | F  |  |
|--|--|--|-----------------------------|--|--|---|--|--|
| Complete and send this form, together with applicable fee(s), to: Mail   |  |  |                             |  | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000                                  |   |  |  |
| propriete All further cor  | m should be used for tran respondence including the loelow or directed otherwise is.   | Patent advance ord   | lers and notific            | ation of maintenance   | fees will be mail  | ed to the current co  | orrespondence address as   |  |
|  |  | JUN 2 3 20   | use Block I)                | Fee(s) Transmit<br>papers. Each ad<br>have its own cer<br>I hereby certify<br>States Postal Se<br>addressed to th  | tal. This certificate ditional paper, such tificate of mailing  Certificate of I that this Fee(s) The rvice with sufficient Mail Stop ISSI | e cannot be used for<br>the as an assignment<br>or transmission.  Mailing or Transm<br>ransmittal is being or | deposited with the United class mail in an envelope bove, or being facsimile |  |
| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED I               | NVENTOR  | ATTORNE  | Y DOCKET NO.  | CONFIRMATION NO.   |  |
| 09/463,681   | 01/31/2000  ROCESS THE APPLICATION FROM ESS FOR  | ON OF A PROTEC   | JOACHIM                     |  | • • •  | /1266043  | 6649   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FE   | EE                          | PUBLICATION FEE  | TOTAL FEE(S) DUE   |   | DATE DUE   |  |
| nonprovisional   | NO   | \$1330   |                             | \$300  | ;  | \$1630  | 06/25/2004   |  |
| EXAM   | ART UNIT   |  | CLASS-SUBCLASS              |  |  |   |  |  |
| MAYEKAR, KISHOR  |  | 1753   |                             | 204-486000   |  |   |  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  Change of correspondence address (or Change of Correspondence Address OR, alter firm (having as agent) and the nattorneys or agent will be printed.  Change of correspondence address (or Change of Correspondence Address OR, alter firm (having as agent) and the nattorneys or agent will be printed.  Change of correspondence address (or Change of Correspondence Address OR, alter firm (having as agent) and the nattorneys or agent will be printed.  Change of correspondence address (or Change of Correspondence Address OR, alter firm (having as agent) and the nattorneys or agent or attorneys or agent will be printed. |  |  |                             | p to 3 registered pa<br>alternatively, (2) the<br>g as a member a regis<br>the names of up to 2<br>agents. If no name i<br>ed.  print or type)  on the patent. Inclusion | he natent. Inclusion of assignee data is only appropriate when an assignment has   |   |  |  |
|  | nt de Nemours a  |  | -                           | Wilmington   |  |   | ip entity ☐ government   |  |
| a. The following fee(s) are  |  |  | . Payment of Fe             |  | F  | L 9.00  |  |  |
| XI Issue Fee   |  |  |                             | he amount of the fee(s   | -  | Order No.   | 071461-0266043   |  |
| Publication Fee Advance Order - # of   | $\Delta$   |  |                             |  |  |   |  |  |
|  |  |  |                             |  |  |   | <del></del>  |  |
| Director for Patents is reque  | sted to apply the Issue Fee a  | nd Publication Fee   | (if any) or to re           | -apply any previously  | paid issue fee to t  | he application identi   | fied above.  |  |
| NOTE; The Issue Fee an other than the applicant; interest as shown by the re This collection of information or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT 5   | d Publication Fee (if require a registered attorney or agroods of the United States Pation is required by 37 CFR by the public which is to fy is governed by 35 U.S.C. Ites to complete, including gem to the USPTO. Time with a amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLE for Patents, Alexandria, Vir | ed) will not be accept; or the assigned atent and Trademark.  1.311. The informalie (and by the US 22 and 37 CFR 1.1 athering, preparing III vary depending require to complet to the Chief Informof Commerce, ATED FORMS TO | e or other par<br>k Office. | ty in 01 FC:15   | 01 1330<br>04 300  | 0000103 033975<br>.00 DA<br>.00 DA<br>.00 DA  | 09463681   |  |

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.